

DECENT SAFE AND SANITARY INSPECTION

Project _____

Displacee _____

Replacement Address _____

Type Unit _____

Purchase Price \$ _____ Rent \$ _____/month

(single fam, duplex, multi-fam, mixed use,
mobile home, sleeping room, etc.)

Family Composition _____ Adults _____ Children

☐ Existing Dwelling ☐ New Construction**A. OCCUPANCY STANDARDS**

Yes

No

1. Habitable space is adequate (150 sq ft for 1st person/ 100 sq ft for each additional person) ☐ ☐

a. Minimum sq ft required by displacee _____

b. Total sq ft of habitable space _____

c. Number of rooms _____ bedrooms _____ baths _____

2. All habitable space is subdivided into sufficient living & sleeping rooms ☐ ☐**B. PHYSICAL STANDARDS**

1. Structural

a. Foundation, exterior walls, and roof structurally sound, reasonably weather-tight, rodent proof and in a good state of maintenance & repair ☐ ☐b. Interior and exterior stairs and porches are adequate, safe and in a good state of repair ☐ ☐c. Interior walls, ceilings and floors in good state of repair ☐ ☐☐d. Dwelling has adequate number of unobstructed means of egress ☐ ☐2. Heating - ☐ Space ☐ Central is adequate, safe & in good working order ☐ ☐3. Electrical - Electric service is adequate, safe & in good state of repair ☐ ☐

4. Plumbing

a. Has continuing and adequate supply of drinkable water ☐ ☐b. Fixtures in good state of repair and maintenance ☐ ☐c. Sewage system is adequate and in good working order ☐ ☐

5. Kitchen

a. For exclusive use of household ☐ ☐b. Sink connected to hot and cold running water ☐ ☐c. Space for stove & refrigerator with necessary service hookups ☐ ☐d. If provided, stove & refrigerator in good working order ☐ ☐

6. Bath

a. For exclusive use of household and offers user privacy ☐ ☐b. Lavatory, tub or shower connected to hot & cold running water ☐ ☐c. Adequate ventilation (operable window or exhaust fan) ☐ ☐☐d. Access is not through a sleeping room ☐ ☐

7. Light & Ventilation

a. All habitable rooms have adequate light & ventilation ☐ ☐b. Windows in good state of repair and maintenance ☐ ☐8. Premises - Free from adverse environmental effects & conditions constituting a fire, health or safety hazard. ☐ ☐**C. DWELLING FOUND:**☐ D.S.S.☐ D.S.S. but deteriorating☐ Non-D.S.S.

Explain any "No" items listed above and actions to be taken if dwelling is not D.S.S.

Inspected by: _____

Date: _____